Exhibit A



REGIONAL PRINCIPALS' MEETING

2021-2022

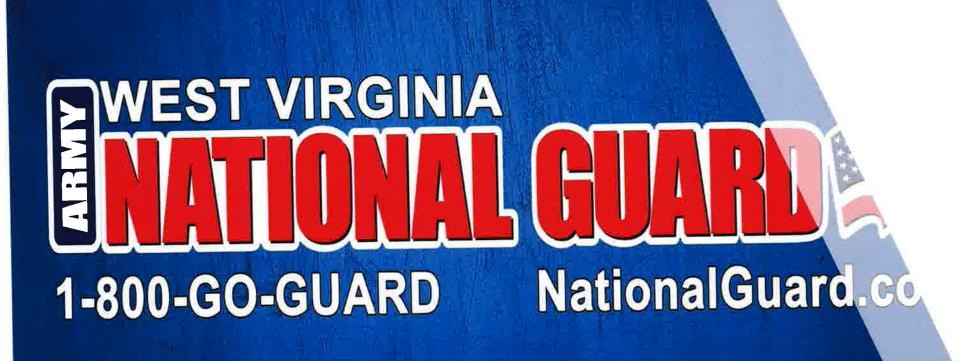
WAYSSACO00287

Our Staff

- Bernie Dolan, Executive Director
- Greg Reed, Assistant Executive Director
- Wayne Ryan, Assistant Executive Director
- Cindy Daniel, Assistant Executive Director
- Heather Enoch, Communications Coordinator
- Alice Goodwin, Secretary
- Katelyn Enoch, Secretary
- Stephani Cox, Secretary
- Laura Wallace, Bookkeeper







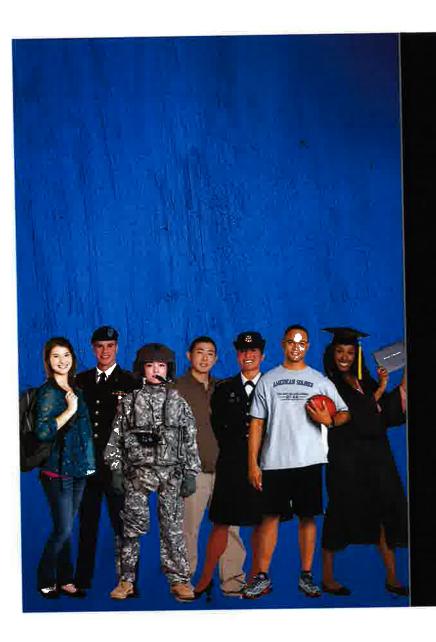
UNISSACIOS0280



OUR VALUES

- Respect
- Integrity
- Loyalty
- Selfless Service
- Duty
- Honor
- Personal Courage

AVSSACIONIE!



WV NATIONAL GUARD

- Up to 100% PAID college tuition
- Montgomery GI Bill pays up to \$558 per month
- \$60,000 student loan repayment program
- Affordable health, dental, life insurance
- Job and skill training
- Drill check

WASSH COOKING



WVSSAC Board of Directors

- Greg Moore, President
 Principal, South Harrison High School
- Mike Kelley, Vice President
 Principal, Herbert Hoover High School
- Lee Loy, Member
 Principal, Valley PreK-8
- David Cottrell, Member
 Principal, Clay Battelle High School
- Jimmy Frashier, Member Principal, Ripley High School
- Steve Campbell, Member WVADA
- Dr. Eddie Campbell, Member WVASA
- Jim Crawford, Member WVSBA
- Dr. James Wilson, Member
 WV State Board of Education
- Bob Dunlevy, Member
 WV State Superintendent Designee

WVSSAC000293

COVID 19 Update

- Fall sports and band will begin with no modifications
- Schedules will not be altered, including post season
- Forfeit vs no contest
- Student athletes who have been vaccinated will NOT have to quarantine if exposed to someone with COVID 19
- Student athletes are encouraged to be vaccinated!
- *Subject to change should we receive new directives from state officials. *

Rules & Regulations Handbook Effective 9/2021

New Rules & Regulations

- Practice Days Prior to Scrimmage 7 to 5
- Practice Days Prior to First Contest 14 to 12
- Football Progressions Wayne will address
- Middle School Swim Season Winter or Spring, 12 Weeks Max
- Middle School Volleyball Play Dates 16 to 18
- Participation for Home School Students see next slide
- Residence Transfer for Home School Students see next slide
- AED and Training Requirement Cindy will address

Home School Eligibility



- Home School Students May Participate in Extracurricular Activities in their attendance area provided that the student:
 - Is enrolled in at least one virtual class each semester
 - Has been homeschooled for a minimum of one year prior to enrolling
 - Maintains satisfactory academic progress (a stanine or 4 or higher on a national normed assessment)
 - Maintains a "C" average
 - Meets all other eligibility requirements
 - Residence transfer rules apply to homeschool students OR
 - Is enrolled in the equivalent of four or more virtual classes or combination of virtual/in person and meets other eligibility requirements

School Reimbursement



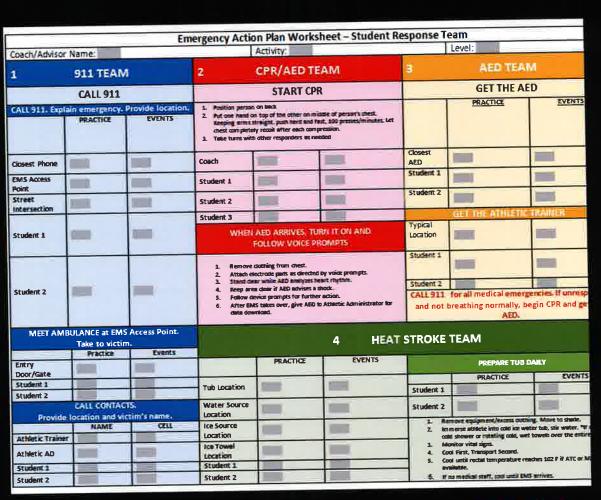
WVSSAC00029

Emergency
Action Plans
and Concussion
Reporting
(Senate Bill
605)

- Requires an Emergency Action Plan (EAP)to be completed and submitted online to the WVSSAC annually for each sport before the first day of practice
- Requires reporting of all athletes suffering or being suspected of suffering a concussion.
 Report must be submitted within 7 days.
- Adds licensed physical therapists (with proper training) to list of approved health care providers in the evaluation of concussions.
- Requires WVSSAC to discipline schools that do not complete/submit the Emergency Action Plans (fines up to \$250 per sport)

REQUIRED – Emergency Action Plan

- ALL schools must complete an Emergency Action Plan annually BEFORE THE FIRST DAY OF PRACTICE. Please work with your athletic director and school administrators to make sure it is completed.
- Fines up to \$250 if not completed by first day of practice.
- EAP is required by law to be posted.



International vs Foreign Exchange Students

- Difference in International and Foreign Exchange
- J1 vs F1 Visas



WYSSACD0030

Big Teams/Schedule Star Update



WVSSACOODAG





DIGITAL TICKETING

An easy way for fans to buy & share tickets. No hardware or hassle at your gate.



 Our goal is to move toward 100% digital ticketing

MAYSSACE(WHO)





Other Important Information



- Catastrophic Insurance Member schools are covered as long as eligibility and sanctioning forms are completed and correct
- Ejection Appeals form online
- NFHS Awards Spirit of Sport, Heart of the Arts will send info
- Administrator Workshop September 16, 2021 9:00 am great workshop for administrators responsible for athletics

Interscholastic and Coaches' Packets

- PLEASE make sure that your coaches read the Interscholastic, Coaches' Packet, and Sports Medicine Packet before they begin their seasons!
- Important information is contained in these documents
- Reading the information can alleviate many problems!



WVSSAC ADMINISTRATIVE STAFF

WAYNE RYAN, CAA ASSISTANT EXECUTIVE DIRECTOR

UUURSMONERENS

Physical Exams

No participation without completed/signed form. Student (1), Parent (2), and the physician

Must be dated/signed on or after May 1, 2021



WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION 2875 Staunton Turnpike - Parkersburg, WV 26104

May 2020

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM (Form required each school year on or after May 1°. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

James Address:				
IODIA WOOLGAS:			Home Address	of Parents;
City:			City:	
Phone:	Date of Birt	h:	Place of Birth:_	
ast semester I att		(High So	hool) or (Middle Scho ve agree to make ever	ol). We have read the condensed eligibility y effort to keep up school work and abide by
must be a r rinust qualif must have must not he must be re if fiving with rount be an must have completely that your p must not he must not, must not he must not he must follow	filled in and properly signed, at ments consent to your participat most removed from one school ave received, in recognition of y (127-3-5), while a momber of a school team loned most or tournament in the All Ster Participation Rule. (I we been enrolled in more than (is teaming of the son is teaming of the son ister Rule (127-2-7) are green the previous a first of the son is	ooi. Summor School may emester. Summer School may emester. Summer School or August 1 of the current d. 8. dence during school lerme year of eligibility only. 5 calendar days attendam varsity level. (127-2-8) or of any school athletio te been examined and for a purposes. (127-2-7) or MS elhiete, any aware me a member of any other school aport season (the school aport se	be included. (127-2-6) si may be included. (127-2-6) it school year. (127-2-4) it. cs prior to participation. earn Participation/Parent Consent/Physician Form, and to be physically fit for athletic competition and it not presented or approved by your school or the ar amanized team or as an individual participant in
		s is a privilege you vssaC. If you have	earn by meeting not only	to the sale are the tool autobaccon at contrarts but plan
	nate in interscholastic athletic set by your school and the W hit have on your slighbilty, check ant and spirit of WVSSAC stands	with your principal ards will prevent ath	or athletic director. They wise, teams, and schools	
Eligibility to particip ett other standards activity or action migi rule. Meeting the inte	nate in interscholastic athletic set by your school and the W It have on your aligibility, check ant and spirit of WVSSAC stands	with your principal ards will prevent ath PART II - PARE	or athictic director. They eles, learns, and schools INTAL CONSENT	ly the above listed minimum standards but also your eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized.
Eligibility to participat other standards activity or action mute. Meeting the international mecondance with the magestable.	nate In Interscholastic athletic set by your school and the W It have on your eligibility, check and apirit of WVSSAC stands ules of the WVSSAC, I give my cons CROSS	with your principal ards will prevent ath PART II - PARE	or athictic director. They eles, learns, and schools INTAL CONSENT	to the sale are the tool autobaccon at contrarts but plan
Eligibility to participate other standards sativity or action migitude. Meeting the international mecondance with the maggetable. ASSKETBALL CHEERLEADING	nate in interactionastic athletic uset by your achool and the build have on your eligibility, check int and spirit of WVSSAC stand- ules of the WVSSAC, I give my cons CROSS COUNTRY FOOTBALL	vesac. If you have (with your private) and will prevent ath PART II - PARE ent and approval to the gOLF SOCCER SOFTBALL ATHLETS / WITHE	or athleto director. They ethe learns, and schools NTAL CONSENT participation of the student r SWIMMING TENNIS TRACK OLDING A STUDENT-A	ly the above listed minimum standards but also sour eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized. named above for the open NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING
Eligibility to participat other standards schilly or action migitude. Meeting the international passessatus accordance with the massessatus cheeret EADING MEDICAL DISQUAL. The mamber school'd an injury, an illness o	nate in interacholistic athletic set by your school and the W It have on your eligibility, check and spirit of WVSSAC stand- ules of the WVSSAC. I give my cons CROSS COUNTRY FOOTBALL IFICATION OF THE STUDENT: I toam physician has the final co r pregnancy. In addition, clears	VSSAC, If you nave (, with your principal and a will prevent ath PARE and and epproval to the GOLF SOCCER SOFTBALL ATHLETE / WITHH eponelbillity to determine for that individue to the contribution of the c	o ary questions regiminal or athleto director. They etim, terms, and schools INTAL CONSENT participation of the student results of the student st	by the above lieted minimum stanstards but also pour eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized. named above for the eport NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING THLETE FROM ACTIVITY sie is removed or withheld from participation due to bely the responsibility of the momber school's team
Iligibility to perfolip il other standards activity or action might be made to the maccordance with the mamber school's in injury, an illness other injury, an illness other injury, and injury, and illness other injury, and injury, a	interaction atthetic uset by your achool and the Will have on your eligibility, check and apirit of WVSSAC standard and apirit	VSSAC, If you nave (with your principal ands will prevent ath PART II - PARE sent and approval to the GOLF SOCIETY (WITHHOUSE WITHHOUSE	or athleto director. They etim, terms, and schools NTAL CONSENT perileipation of the student r SWIMMING TENNIS TRACK OLDING A STUDENT-A inine when a student-ethic it or etum to activity is no y diaminated from ofusees school Activiliae Commiticae sports linked above is through the school ()	by the above listed minimum stanstards but also your eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized. The standard ponalized in the sport NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING THLETE FROM ACTIVITY ale is removed or withheld from participation due to leaky the responsibility of the momber school's team and travel to participate in interscholastic athletic lessor responsibility of the momber doubt. Please may cause permanent disability or death. Please the football insurance coverage svallable through
Iligibility to perfolip il other standards activity or action migli ute. Meeting the inte accordance with the maccardance with the maccardance with the maccardance with the maccardance with the mamber school's in injury, an illness of hysician or that physician or	internation interaction at the time of by your action in of the With have on your etigibility, check and apirit of WVSSAC at and apirit of WVSSAC at and CROSS RY FOOTBALL IFICATION OF THE STUDENTS to be amply solden has the final ropression of the work of the solden has the final ropression. In addition, clears alciam's designated representation of the solden has the result of the solden authorities or Westlement of the solden authorities or Westlement to our authorities or Westlement to our authorities (a) inseem and approval for the solden and solden and solden and solden authorities of westlement and approval for the solden and solden an	VSSAC, If you nave (with your principal ands will prevent ath PARE ent and approval to the GOLF SOCCER BOFTBALL. ATHLETE / WITHE openibility to determine for that individual your principal and the precommendated by	or athleto director. They ethnic learns, and schools INTAL CONSENT participation of the student r SWIMMING TENNIS TRACK OLDING A STUDENT-A inhe when a student-ethle it to return to activity is not considered above to school activities Commiticase sports listed above is through the school () receive a physical examine activities as an end student activities removed to a physical examine activities as an end student's achool or a physical examine.	by the above listed minimum stanstards but also your eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized. Instance of the eport NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING THLETE FROM ACTIVITY site is removed or withheld from participation due to selely the responsibility of the member school's learn and travel to participate in interscholastic athletic lesion responsible in case of accident or injury as a may cause permanent disability of death. Please; has football insurance coverage available through inflion, as required in Part IV, Physician's Certificate, administration.
sligibility to perfolip all others translared settivity or action miglute. Meeting the interest and accordance with the maccordance accordance with the maccordance of the performance of the perfo	internation interraction at the time to your school and the with have on your etigibility, check and apirit of WVSSAC stands and appropriate and approved for the above provide health cure provider as a SSAC's use of the herein names.	VSSAC, If you nave (with your principal and swill prevent ath PARE and and approval to the GOLF SOCCER SOFTBALL ATHLETE / WITHE opening that individually to determine for that individually to determine for that individually to the commence of the control of the commence of the control of the commence	or athleto director. They ether, terms, and schools INTAL CONSENT participation of the student r SWITMMING TENNIS TRACK OLDING A STUDENT-A- nine when a student-stille it to return to activity is no return to activity is no return to activity in no return to activity in no return to activity in no return to activities Gommiticase sports listed above is through the school () receive a physical exemination of the return to activity in named student's school eness, and athletically related to the metarists and related to the return of other metarists and related to the return of other metarists and related to the return of the restricts.	by the above listed minimum stanstards but also your eligibility or are in doubt about the effect only are aware of the interpretation and intent of each from being ponalized. Demonstrated the sport NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING THLETE FROM ACTIVITY site is removed or withheld from participation due to lealy the responsibility of the member school's team and travel to participate in interscholastic athletic lesson responsible in case of accident or injury as a may cause permanent disability of death. Please (; has football insurance coverage available through realion, as required in Part IV, Physician's Certificate, administration. atted information in reports of inter-School Practices topses related to interscholastic athletics.
eligibility to participal attorner standards activity or action migitude. Meeting the interest page of the page of the form, by an appropriate applies a page of the form, by an appropriate of the participation of the form, by an application of the page of the form, by an application of the page o	internation interraction at the time to your school and the with have on your etigibility, check and apirit of WVSSAC stands and appropriate and approved for the above provide health cure provider as a SSAC's use of the herein names.	VSSAC, If you nave (with your principal and swill prevent ath PARE and and approval to the GOLF SOCCER SOFTBALL ATHLETE / WITHE opening that individually to determine for that individually to determine for that individually to the commence of the control of the commence of the control of the commence	or athleto director. They ether, terms, and schools INTAL CONSENT participation of the student r SWITMMING TENNIS TRACK OLDING A STUDENT-A- nine when a student-stille it to return to activity is no return to activity is no return to activity in no return to activity in no return to activity in no return to activities Gommiticase sports listed above is through the school () receive a physical exemination of the return to activity in named student's school eness, and athletically related to the metarists and related to the return of other metarists and related to the return of other metarists and related to the return of the restricts.	by the above listed minimum stanstards but also your eligibility or are in doubt about the effect any are aware of the interpretation and intent of each from being ponalized. Damed above for the epart NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING THLETE FROM ACTIVITY sie is removed or withheld from participation due to leak the responsibility of the momber school's team and travel to participate in interscholastic athletic lasker responsible in case of accident or injury sis a may cause permanent disability or deeth. Please, the footbell insurance coverage svallable through insilion, as required in Part IV, Physician's Certificate, administration.

WVSSAC000311

			Birthdo	to		/		Grade		Age		-
				V	No	12	Have	ny problems with	heart/bloc	od pressu	re?	
is the student over had: 'es No 1. Chronic or recur	ent III	noss? /	Diahotes. Asthma.					yone in your famil				rclae
Selzures, etc.,)							Take		medicine?			Ų
es No 2. Any hospitalizations				14	A1-	100	VAX	plosses	poptagi	lenege		deni
es No 3. Any surgery (excep			-ll l	appli			?	Dioesea	COINCOL	1011000_	<u> </u>	
es No 4. Any injuries that proves No 5. Dizziness or freque			(icspanor in aports /	Yes	No	16.	Have E	ny organs missin	g (eye, kid	mey, test	ticle, e	ılc.)
es No 6. Knes, ankle or necl				Yes		17.	Has it I	een longer than 1	lo years si	nce your	lest is	etan
es No 7. Broken bone or dis	location	17		shot	7	40	Have u	ou ever been told	not to par	ticionte li	n anv	MOG
es No 8. Heat exhaustion/su		e?		Yes	No	10.	Do vo	know of any n	aaaan this	atudent	ahou	eld r
es No 9. Fainting or peasing							partick	pate in sports?				
es No 10. Have any allergies: se No 11. Concussion? If Ye				Yos	No	20.	Have a	sudden death hi	story in yo	ur femily	7	
es No 11. Collegasion? ii 14			(finite(r))	Yes	No	21.	Have a	family history of p coughing, whe	heart attac	ck before	age :	507
				Yes	No	22.	breath	when you exercit	9 e 7			
LEASE EXPLAIN ANY "YES" /	4NSWE	ERS OR A	NY OTHER	Yes	Na	23.	(Fema	les Only) Do you usi periods.	have any p	probleme	with:	you
also give my consent for the ny injury.	PHYSIC	Jan III al	teriodrice and the appre	Jpnu.c	,,,,	,		3				
IGNATURE OF PARENT OF	R GUA	RDIAN:						DATE				_
			PART IV - VI				_					_
						_						
leight	_ Wei	ight	P	ulse 📖		-		Blood Pre	ssure			_
/isual acuity: Uncorrected		OF.						* Dunite acus	diameta	r V N		
neual acuity: Uncorrected												
		P/	ART V - SCREENING	9 PHY	810	AL	EXAN	П				
This exam	i is noi	t meant t	o replace a full physics	I exami	nalk	on a	one by	your private pri	ysktan.			
	is noi	t meent t	o replace a full physics	I exami	nalk	on q	Orie Dy	Abdomen:	ysician.			
Mouth:			o replace a full physica Respiratory:						ıysiclan.		~	N
flouth: Appliances	Y	N	o replace a full physica Respiratory: Symmetrical breath		. Y	· 1	7	Abdomen: Masses			Y	2 2
/louth: AppHances Missing/loose teeth	Y	2 2	o replace a full physics Respiratory: Symmetrical breath Wheezes			· 1		Abdomen: Masses Organome	galy	aniv):	× ×	• •
/louth: Appliances Missing/loose teelin Carles needing treatment	Y Y Y	2 2 2	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular:		Y Y	, ,	7 7	Abdomen: Masses Organome Genitourinary	galy y (males (only);	Y Y Y	N
fouth: Appliances Missing/loose teeth Carles needing treatment inlarged lymph nodes	Y Y Y	2 2 2 2	o replace a full physics Respiratory: Symmetrical breath Wheezes Cardiovascular: Mumur		, Y Y	· 1	7 7 7	Abdomen: Masses Organome Genitourinan Inguinal he	galy y (males o ornia		Y Y Y	2 2
Mouth: Appliances Missing/loose teeth Cerles needing treatment Finlerged lymph nodes Sidn - Infectious lesions	Y	2222	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur Irregularities	sounds	, Y Y	, ,	77 77	Abdomen: Masses Organome Genitourinary	galy y (males o ornia		-	N
Alouth: Appliances Missing/Loose teeth Carles needing treatment Enlarged tymph nodes Sidn - Infectious lesions Peripheral pulses equal	Y Y Y Y Y Y	22222	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur Irregularities Murmur with Volant	sounds	, Y Y Y Y		7 7 7 7 7 7	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally	galy y (males o ornia descende	ed testic	lesY	2 2
Alouth: Appliances Missing/Loose teeth Carles needing treatment Enlarged tymph nodes Sidn - Infectious lesions Peripheral pulses equal	Y Y Y Y Y Y	22222	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur Irregularities	sounds	, Y Y Y Y		7 7 7 7 7 7	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally	galy y (males o ornia descende	ed testic	lesY	2 2
Mouth: Appliances Missing/loose teeth Carles needing treatment Enlarged lymph nodee Skin - Infectious lesions Peripheral pulses equal Any "YES" under Cal	Y Y Y Y Y	N N N N N N	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur Irregularities Murmur with Volant	sounds	, Y Y Y Y		7 7 7 7 7 7	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally	galy y (males o ornia descende	ed testic	lesY	2 2
Mouth: Appliances Missing/loose teeth Carles needing treatment Enlarged lymph nodee Skin - Infectious lesions Peripheral pulses equal Any "YES" under Cal	Y Y Y Y Y	N N N N N N	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur Irregularities Murmur with Volant	sounds	y Y Y Y loote		7 7 7 7 7 7	Abdomen: Masses Organome Genitourinan Inguinal he Bilaterally	galy y (males o ornia descende	ed testic	łesY der.	2 2
Mouth: Appliances Missing/loose teelin Carles needing treatment Enlarged tymph nodes Skin - Infectious lesions Peripheral pulses equal Any "YES" under Ca	Y Y Y Y Y	N N N N N N Recular I	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovasoular: Murmur Irregularities Murmur with Volsak requires a referral to fi	sounds	y Y Y Y loot Hip:		V V V V r ather	Abdomen: Masses Organome Genitourinan; Inguinal he Bilaterally r appropriate h	galy y (males d smia descende sealthcard strings:	ed testic	der.	2 2
Mouth: Appilances Missing/loose teeth Cerles needing treatment Enlarged (ymph nodes Sidn - Infectious lesions Peripheral pulses equal Any "YES" under Cal Musouloskeietal: (note any al	Y Y Y Y Y	N N N N N N necular s alities)	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovasoular: Murmur Irregularities Murmur with Valent requires a referral to fi	sounds amily d	y Y Y Y loot Hip:		V V V T ather	Abdomen: Masses Organome Genitourinan; Inguinal he Bilaterally r appropriate h	galy y (males d smia descende sealthcard strings:	e provid	der.	2 2
Appliances Appliances Missing/loose teeth Certes needing treatment interged lymph nodes kin - Infectious testons Peripheral pulses equal Any "YES" under Cal fusculoskeletal: (note any al Neck: Y N Shoulder: Y N	Y Y Y Y Y rdiovs	N N N N N secular r altitles) Elbow: Wrist:	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovasoular: Murmur Irregularities Murmur with Voical requires a referral to for	sounds amily d	y Y Y Y loot Hip:		V V V T ather	Abdomen: Masses Organome Genitourinan; Inguinal he Bilaterally r appropriate h	galy y (males d smia descende sealthcard strings:	e provid	der.	2 2
Appliances Appliances Missing/loose teeth Certes needing treatment Enlarged tymph nodes Rich - Infectious testons Peripheral pulses equal Any "YES" under Ca Musouloskeletal: (note any al Neck: Y N Shoulder: Y N	Y Y Y Y Y Y Trailova	N N N N N secular r altitles) Elbow: Wrist:	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovasoular: Murmur Irregularities Murmur with Voical requires a referral to for	sounds amily d	y Y Y Y loot Hip:		V V V T ather	Abdomen: Masses Organome Genitourinan; Inguinal he Bilaterally r appropriate h	galy y (males d smia descende sealthcard strings:	e provid	der.	2 2
Appliances Appliances Missing/loose teeth Certes needing treatment interpolations Peripheral pulses equal Any "YES" under Ca Musculoskeletal: (note any al Neck: Y N Shoulder: Y N RECOMMENDATIONS BASE	Y Y Y Y Y Y Trailova	N N N N N secular r altitles) Elbow: Wrist:	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovasoular: Murmur Irregularities Murmur with Voical requires a referral to for	sounds amily d	y Y Y Y loot Hip:		V V V T ather	Abdomen: Masses Organome Genitourinan; Inguinal he Bilaterally r appropriate h	galy y (males d smia descende sealthcard strings:	e provid	der.	2 2
Appliances Appliances Missing/loose teeth Carles needing treatment inlarged lymph nodes idn - infectious testions Peripheral pulses equal Any "YES" under Ca. fueculoskeletal: (note any al Neck: Y N Shoulder: Y N RECOMMENDATIONS BASE	Y Y Y Y Y rdlovs bnorm	N N N N N Nescular I alltiee) Elbow: Wrist:	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur irregularities Murmur with Volante requires a referral to full Y N Y N	sounds amily d Knee/l Ankle:	Y Y Y loot Hip:	r I	77 7 other 7 Y	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally appropriate h	galy y (males d rinla descende desithcan desithings: dels:	ed testic	der. I	2 2 2 2
Appliances Appliances Missing/loose teeth Carles needing treatment inlarged lymph nodes idn - infectious testions Peripheral pulses equal Any "YES" under Ca. Aueouloskeletal: (note any al Neck: Y N Shoulder: Y N RECOMMENDATIONS BASE After my evaluation, I give my Full Approval;	Y Y Y Y Y Tridiova	N N N N N N N N N N N N N N N N N N N	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur irregularities Murmur with Volcal requires a referral to for Y N Y N Y N Y N EVALUATION:	sounds amily d Knee/i Ankle:) Y Y Y Y Y Hip:	re D	V V V V V V V V V V V V V V V V V V V	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally appropriate h	galy y (males o rinla descende ealthcan strings: oels:	ed testic	der. I	2 2 2 2
Appliances Appliances Missing/loose teeth Carles needing treatment inlerged lymph nodes itch - infectious testions Peripheral pulses equal Any "YES" under Ca. Aucouloskeletal: (note any al Neck: Y N Shoulder: Y N RECOMMENDATIONS BASE After my evaluation, I give my Full Approval; Full approval; but ne	Y Y Y Y Y Y Tridiovs bnorm ED ON :	N N N N N N N N N N N N N N N N N N N	o replace a full physical Respiratory: Symmetrical breath Wheezes Cardiovascular: Murmur irregularities Murmur with Volante requires a referral to full Y N Y N	sounds amily d Knee/i Ankle:	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	re D	N N N T other Y N	Abdomen: Masses Organome Genitourinary Inguinal he Bliaterally appropriate h	galy y (males o rinla descende ealthcan strings: oels:	ed testic	der. I	2 2 2 2

WWW.SACOOPTI



A FACT SHEET FOR PARENTS

What is a concussion?

A concassion is a type of traumatic brain injury, Concusions are caused by a hump or blow to the head, Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the impay on may not appear or be noticed until days or weeks after the injury. If your child reports my symptoms of concussion, or if you notice the symptoms yourself, seek nedical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATMLETE

- Headache or pessure in head
- Nausea or verniting
 Balance problems or
- Double or blurry
 vising

dictiness

- Sensitivity to light.
- Sensitivity to noise
- Feeling Lookh, hazy, foggy, or
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling cown"

SIGNS OBSERVED BY PARENTS/GUARDIANS

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an impraction
- Is unsure of game, score, or opponent
- Moves dumnity
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or pencrality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to gradice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious beain injury or skull fracture.
- However, helmets are not designed to prevent concassions. There is no "concussion-proof" belinet.
 So, even with a helmet, it is important for kids and teems to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is raife for your child to return to regular activities. Including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child neturn to play the day of the injury and until a health care professional rays it's OK. Children who return to play too soon—while the healn is still healing-risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Conches should know if your child had a previous concussion, four child's coach may not know about a concussion your child received in another sport or activity unless you tell the crack.

If you think your teen has a concussion: Don't assess it yourself, take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



W/S 945 099483



WVSSAC



SUDDEN CARDIAC ARREST AWARENESS

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within impotes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity.
- Dizziness or lightheadedness during physical activity.
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities).
- . A blow to the chest (Commot o Cordis)
- An infection/inflammation of the heart, usually caused by a virus- (Myocardisis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes (Obesity/initiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory acrowally in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately, time is critical to increase survival rafe.
- Activate emergency action plan
- Cast 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary nearth care provider
- American Heart Association (www.heart.org)

WVSSAC00031

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIDID PANKILLERS

75% OF HIGH SCHOOL MEROIN USERS STARTED WITH PRESCRIPTION OPIDIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 18.4% used medical opioids at least once over a three year period.
- 11% of high school athleses have used an opioid medication for ecomedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioteds are a powerful and addictive type of prescription paintifier than favo doubler chemical properties and addiction rate as herom. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.

The most exermon prescribed opicial painkillers in West Virginia are:

- Oevcodene (OxyCentin)
- · Hydrocodone (Lorush and Vicodin)

HOW TO PROTECT YOUR CHILD

 Talk to your healthcase provider about alternative pain management treatment options (see below).

First-time prescription and uses have a 64% inch of early death than patients who are abernative pair medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of ministing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following during instructions.
- Safely dispose of any unused medication through a penscription drug drop box or a DEA Take-Back program.

NON-MARCOTIC PAIN MANAGEMENT Autematives

Physical Therapy
Chiropractic
Massage Therapy
Acapuncture
Over-the-Counter Medication







MASSAGE STREET



FOOTBALL PRACTICE GUIDELINES

- 1.Check coaches packet
- 2. Contact definitions Follow Progressions
- 3. No consecutive two-a-day practices.
- 4. Practice session (physical activity) 3 hour limit. (on field practice, weight room, conditioning)
- 5.Live Action Contact/maximum 30 minutes a day 90 minutes a week.

WVSSAC000316

New Rule – Football Progressions

- Days 1-2 Helmets Only, No Contact
- Days 3-4 Helmets and Shoulder Pads, Soft Equipment Contact Only
- Day 5 Full Pads, Soft Equipment Contact Only
- Day 6 Full Pads, Full Contact





WV\$\$AC00031

ATHLETIC TRAINER

Do Not Practice Without a Trainer Present

- Professional Service Certificate
 - Certified Athletic Trainer
- Athletic Trainer Certificate
 - WVDE approved
 - LAT, ATC



- WVDE approved
- May include the following:
 - · Nurse, EMT
 - · Physical Therapist, Etc.



Still allows for Limited Football Trainer Authorization from WVDE







WVSSA0000318

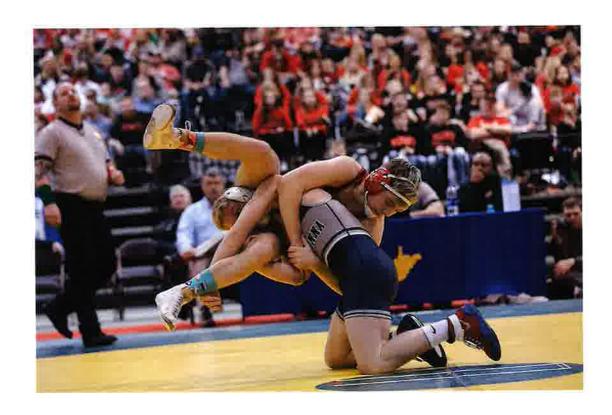
Required Reports/Information

- Failure to submit required information by deadline
 - Posting of football scores \$50.00 fine per week
 - BY NOON ON MONDAY FOLLOWING GAME DATE

WILLSACOGOTS

HERPES REPORTING FORM

Fillable form: Go to Forms on the WVSSAC Website



WVS\$X55000320

			erpee Reporting Form			Service of
ne or man member	s of the Middle/High So	rhool wreating team has been di	synamical with herpes simple	Date of diagno	e'e.	
1 Liv at the fe	are that you have competed	against within the 8 days prior to	diagnosis			
2. You must pro	ovide verification that you have	e notified all echools your athlete office within 2 working days of th	s have had contact with du	ring this time perk	d.	
3. This form m.	ist be on the in the WVSSAC	office within 2 working days of in	g d agnote.			PARTY OF THE PARTY OF
				450	A STATE	THE RESERVE
lunstions, please our	ntact the WVSSAC office (304				Select form of	Name of Contact
Date	School	Tournament	Date of Communication	Date of Verification	Verification	
			Commonecacous		Email	
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Telephone	
1 march 19				ALTER TOTAL	Email Telaphone	BUARRY BY
		A LONG TO SERVICE		10000000	Email	A STATE OF THE PARTY OF THE PAR
		1			Telephone	Salar Barrier
				THE RESERVE OF THE PERSON NAMED IN	Email	THE RESERVED IN
				25.00	Telephone	
		THE PERSON NAMED IN			Email Telephone	
				WHEN SHE	Email	Control of the last of the las
Charles and the	3 1 4 - 1	1 1 1 1 1 1 1 1 1			Telephone	TO STATE OF THE PERSON NAMED IN
				## F	Emak .	
					Telephone	
	- E Y St-				Telephone	
				Hard Brillian	Email	100 3 TO 10 10
				1000000	Telephone	
					Email	
					Briail	
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN					Toinphore	ORIGINAL PROPERTY.
E DATE OF THE RESERVE			THE RESERVE OF THE PARTY OF THE	MARKET PERSONS	Email I	CARL LAND



GOLF CLINIC



High School Administrators

Please make sure your golf coach receives the email containing the links to the 2021 Golf Clinic emailed to all principals and athletic directors

The golf coach needs to respond by email to verifying that they viewed the clinic with their golf Team.

Verification is due August 20, 2021

WVSSACODU321

WVSSAC Sanctioning

INTRASTATE (in WV)

- Any event where awards are given
 - -- Be sure to define/describe all awards
- Any event with more than four schools.
- Rule allows awards with a value up to \$100.00.

INTERSTATE

- Any event where awards are given
- Any event with <u>four or more schools</u> from bordering states.
- Any event involving schools <u>from three or more State</u>
 <u>Associations.</u>
- NFHS Sanctioning online
- Any travel of more than 600 miles round trip that involves missing any class time must be approved by the County Board of Education and the WVSSAC.

WV55AC00032:

APPLICATION TO STATE ASSOCIATION FOR SANCTION OF INTERSTATE ATHLETIC EVENT (Suggested for use when NFHS sanction is NOT required)	
SECTION 1 (To be completed by host school Application Date: 2019-12-03	
- Sport Girls Basketball	
■ Grades 6 □ 7 □ 8 □ 9 0X 10 0X 11 0X 12 0X Site of Event Summers County High School	
Sponsored By SUMMERS COUNTY HIGH SCHOOL Mamber high school/other sponsoring organization Street City State Zip	
Name of Event (if applicable) Rogers Oil Classic	
Schools Invited from the following states: W	
Number of participating schools	
• Entry Fee ☐ Yes Amount \$ ☐ No • Admission Fee Charged ☐ Yes ☐ No Amount \$\$5,00	
Host School or Organization: State essociation approved school or other sponsor	
Name of Manager/Title Chad Meador - Coach Phone: 304 090 3861 Email: Charl F Manager/Title	
Description of Awards and Other Compensations and Maximum Retail Value (ribbons/trophics/t-shirts/practice uniform/waiver of entry	
fee/travel expenses, etc.) to:	
Individual Student Athlete Participants: Treams: Couch; 8 All-Tournament 1 MVP First, Second, Third, Fourth Place	
Execution constitutes an agreement by the principal to assume oversight responsibility for the event. Executed by: Principal of host school Signatum/Print Name After completing Section 1, send form to state association of host/sponsor member school identified.	
Executed by: Karpy Discrete AO. Principal of host school Signature/Print Name	
Fxaculted by: Principal of thost school Signatum/Prior Name After completing Section 1, send form to state association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Memberahip State Association Member School School Approved by State Association Non-Member School	
Principal of thost solved Signature/Prior Name After completing Section 1, send form to state association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Membership State Association Member School ON Not Sanction Event ON Not Jurisdiction	
Principal of thost solved Signature/Prior Name After completing Section 1, send form to state association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Membership State Association Member School School Approved by State Association Non-Member School Action Sanction Event Do Not Sanction Event No Jurisdiction If "No Jurisdiction," explain why:	
Principal of thost solved Signature/Prior Name After completing Section 1, send form to state association of host/apons or member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Membership State Association Member School School Approved by State Association Non-Member School Action Sanction Event Do Not Sanction Event No Jurisdiction If "No Jurisdiction," explain why: Limitations/Other Comments: Signature of State Executive: Wayne Ryan, Asst Executive Director. Phone Phone Phone Phone Phon	
Principal of thost solved Signature/Prior Name After completing Section 1, send form to state association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Membership State Association Member School School Approved by State Association Non-Member School Action Sanction Event Do Not Sanction Event No Jurisdiction If "No Jurisdiction," explain why: Limitations/Other Comments: Signature of State Executive: Wayne Ryan, Asst Executive Director. Date Dec 3, 2019 State WV If event sanctioned, send copies to each state association named in application. If application if not sanctioned, return to applicant.	
Principal of thost solved Signature/Prior Name After completting Section 1, send form to state association of host/aponser member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Membership State Association Member School School Approved by State Association Non-Member School Action Sanction Event Do Not Sanction Event No Jurisdiction If "No Jurisdiction," explain why: Limitations/Other Comments: Signature of State Executive: Wayne Ryan Asst Executive Director. If event sanctioned, send copies to each state association named in application. If application if not sanctioned, return to applicant. SECTION 3 ACTION BY STATE ASSOCIATION OF INVITED SCHOOL	
Principal of host school Signature/Print Name After completing Section 1, send form to state association of host/aponer member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Memberable Sanction Event Do Not Sanction Event Do Not Sanction Event Limitations/Other Comments: Signature of State Executive: Wayne Ryan Asst Executive Director Wayne Ryan Asst Executive Director Femall: 104 455 CHOOL Non-Member School Signature of State Executive: Wayne Ryan Asst Executive Director Fermall: 104 455 CHOOL Non-Member School Non-Member Scho	
After completing Section 1, send form to state association of host/apenser member school identified. SECTION 2	
Principal of host school Signature Print Name After completing Section 1, send form to atste association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Memberable Sanction Event Do Not Sanction Event Do Not Sanction Event If "No Jurisdiction," explain why: Limitations/Other Comments: Signature of State Executive: Wayne Ryan, Asst Executive Director If event asanctioned, send copies to each state association named in application. If application if not sanctioned, return to applicant. SECTION 3 ACTION BY STATE ASSOCIATION OF INVITED SCHOOL School Memberahip State Association Member School School Approved by State Association Non-Member School Non-Member School School Approved by State Association Non-Member School School Approved by State Association Non-Member School School Approved by State Association Non-Member School Non-Member Sc	
After completing Section 1, send form to state association of host/aponsor member school identified. SECTION 2 ACTION BY STATE ASSOCIATION OF HOST SCHOOL School Memberable State Association Member School If "No Jurisdiction," explain why: Limitations/Other Comments: Signature of State Executive: Wayne Ryan, Asst Executive Director. If event association and copies to each state association named in application. If application if not sanctioned, return to applicant. SECTION 3 ACTION BY STATE ASSOCIATION OF INVITED SCHOOL School Memberable State Association Member School School Approved by State Association Manufacture of State Association invited, please indicate member status of each school next to the listing on the reverse) Action: Sanction Event Do Not Sanction Event No Jurisdiction If "No Jurisdiction," explain why	WAVES ALCOHOLIS 20

Note: If school is not a full member of its NFHS (Attach additional sheets if necessary)	i member association, please indic	ste accordingly.	
NAME OF SCHOOL/ADDRESS	CONTACT PERSON	TELEPHONE NUMBER	
Mountain View 620 School Street Union, WV 24983	Sarah Mariin	304 661 4572	
Potorstown Middle Schaol 56 College Driva Peterstown, WV 24963	Chris Booth	304 646 1083	
Western Greenbrier Middle School 315 Timberwolf Dr. Grawley, WV 24931	Joey Fltzwater	304 667 2887	
	Susio Hudson	304 466 6030	
Summers Middle School 400 Temple Street Hinton, WV 25951			
Officials for the competition are assigned from an Yes No The officials are registered to officiate high school		ool officials:	
Yes No			
IN ALL INTERSTATE CONTESTS, each part which it is a member or rules which have been referred to are contest rules only and not rul academic accomplishments. No school may any approval or sanction granted to the epp named state association that it has investigate	approved by that state association for es applying to age, number of semes violate its own state association no icant does not constitute a represent	Interstate competition. The rules teers of attendance, residency or tiles. ation by either the NFHS or any yield by the applicant, or that the	

Sanction Forms

Two ways to submit Sanction Forms

Electronically

Website

Admin Login

Forms Management under WVSSAC Forms

New Forms

Sanction Form

Complete and Submit

Paper Form

Website

Forms

Print WVSSAC Sanction Form

Complete, Fax or mail

WW55AC000326

Academic Achievement Awards

- > Information included in packets
 - Recognized at Super Six
 - Individual/Team and Community Service
 - Deadline October 8
- > WVSSAC Scholarships
 - Applications mailed in January
 - Deadline March 18

WVSSAC000327



WVSSAC ADMINISTRATIVE STAFF

Cindy Daniel, Ed.D., Assistant Executive Director



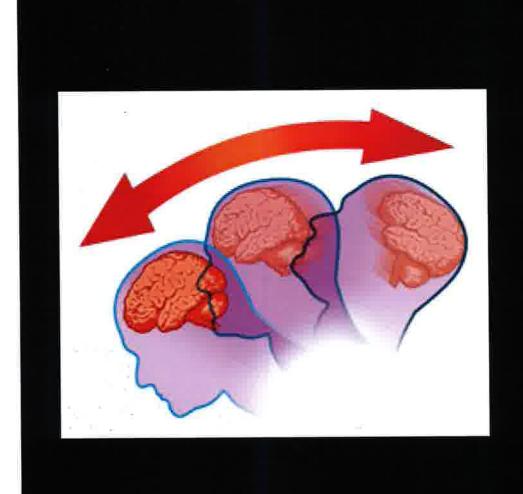
MARKET CONTRACTOR



Sports Medicine Packet

- Now separate from each specific sport packet
- Link is on each sport specific page as well as the Sports Medicine tab
- Required reading for all coaches





Concussion Reporting Form

- Fillable Online Form 2 Parts
- Must submit Part I within 7 days of incident
- Part I Initial incident report
- Part II Documentation of completion of protocol progressions
- Located under Forms as well as Sports
 Medicine tabs on website

WVSSAC00033.

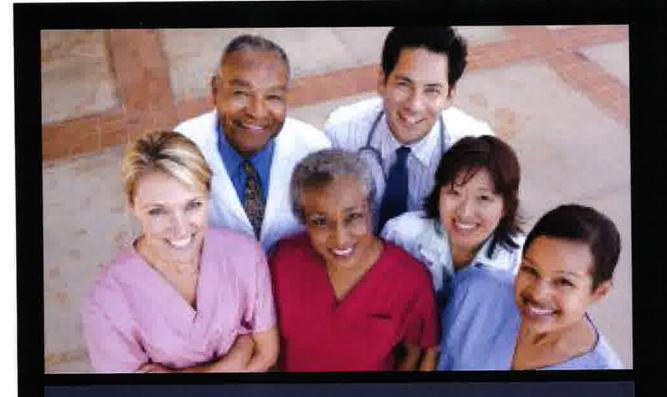
CONCUSSION RTP PROTOCOL

RTP shall be delayed until the athlete is asymptomatic and has undergone a progression of tests to determine if they are able to RTP. Each step/test in the progression takes 24 hours and no more than one progression per day may be completed.

If any symptoms occur during the progression, the athlete should rest for 24 hours before attempting the same progression again.

- No activity with complete physical and cognitive rest.
- Light aerobic exercise (less than 70% of maximum heart rate).
- Sport specific exercise (drills specific to the athlete's sport).
- Non-contact training drills (more intense sport drills with no contact from other players).
- Full contact practice (following medical clearance).
- Return to play (normal game play).





Approved Health Care Providers Who Can Evaluate and Release to RTP

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- Doctor of Chiropractic (DC)
- Advanced RegisteredNurse Practitioner (ARNP)
- Physician Assistant (PA-C)
- Licensed/Registered
 Certified Athletic Trainer
 (ATC/R, LAT, ATC)
- Licensed Physical Therapist

MVSSAC000334

REQUIRED ONLINE COURSES



- Concussion In Sports (annually)
- Sudden Cardiac Arrest (annually)
- Heat Illness Prevention (one time for new coaches)
- All courses are free and can be accessed on the WVSSAC homepage (

WV\$SAC00033

AED Requirement

- Legislation requires that an AED be available at ALL practices and contest
- Coaches must be trained in AED/CPR



WVSSACDOODS

Senate Bill 640 – Sudden Cardiac Arrest Prevention Act (WVDE Guidance)

- Requires schools to hold an informational meeting at the start of the year for parents and students to provide information on the warning signs of sudden cardiac arrest for children.
- Requires all coaches to complete the online sudden cardiac arrest course annually.
- Information can be given by downloading the physical exam form.



The National State of the State



AED Sale

- AEDs for \$925 through CPR Institute of Indiana
- Order form was sent to all principals and athletic directors
- Approximately 450 AEDs added to schools over last three years
- Contact Cindy if interested in purchasing



WVESACODGASS

Medical Time Out

- Short, pre-game meeting so that everyone knows what emergency personnel, supplies, and equipment are on site and available in case of an emergency.
- Athletic trainer responsible for the meeting. If no athletic trainer is present, head coach of home school is responsible.
- Refer to Sports Medicine Packet for more information.



VV6SAC0003#1

Coming Next Year

- New Heat Illness Policy/Index
- Passed by SMAC Committee and BOD
- Will require schools to purchase a WGBT



Wyssacoour



ACCOMMODATIONS

- Accommodation must be reasonable
- Accommodation must be safe for able bodied athletes as well as the athlete with the disability
- Accommodation cannot create an advantage for the disabled athlete
- Disabled athlete must play at same skill level as other members of team to earn a spot





TITLE IX – 50 Year Anniversary



Transgender

- Current law being challenged in court.
- WVSSAC's current position is that gender is identified in WVEIS for athletic participation purposes.



WVSSAG00034

And Last But Not Least...Cheer Update

 Beginning with 2021-22 school year, mats are required for all cheer practices and competitions for stunting and tumbling

A full floor consists of 9 strips of 6'x42' carpeted foam

mats

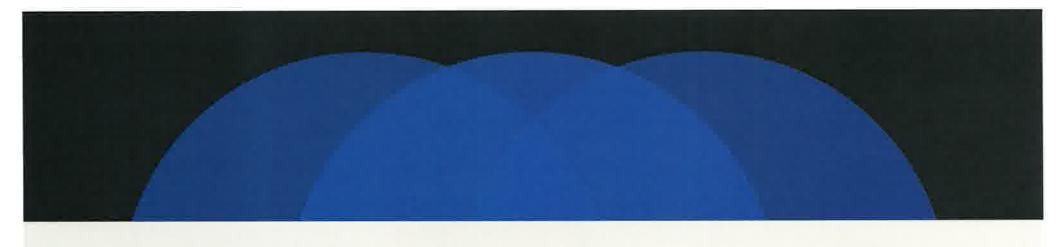


WV\$SAC000347

WVSSAC ADMINISTRATIVE STAFF

GREG REED ASSISTANT EXECUTIVE DIRECTOR

UNITED AND DESCRIPTION



Posting of basketball scores - \$50.00 fine (Deadline – Monday by noon)





Residence Transfer Rule

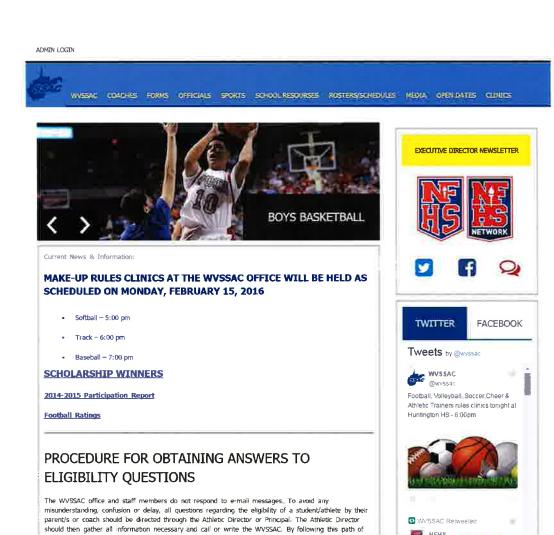
- Number one rule that is questioned/challenged
- Athletic directors and administrators need to read the rule carefully
- If questions, contact our office before enrolling students
- Divorce or separation



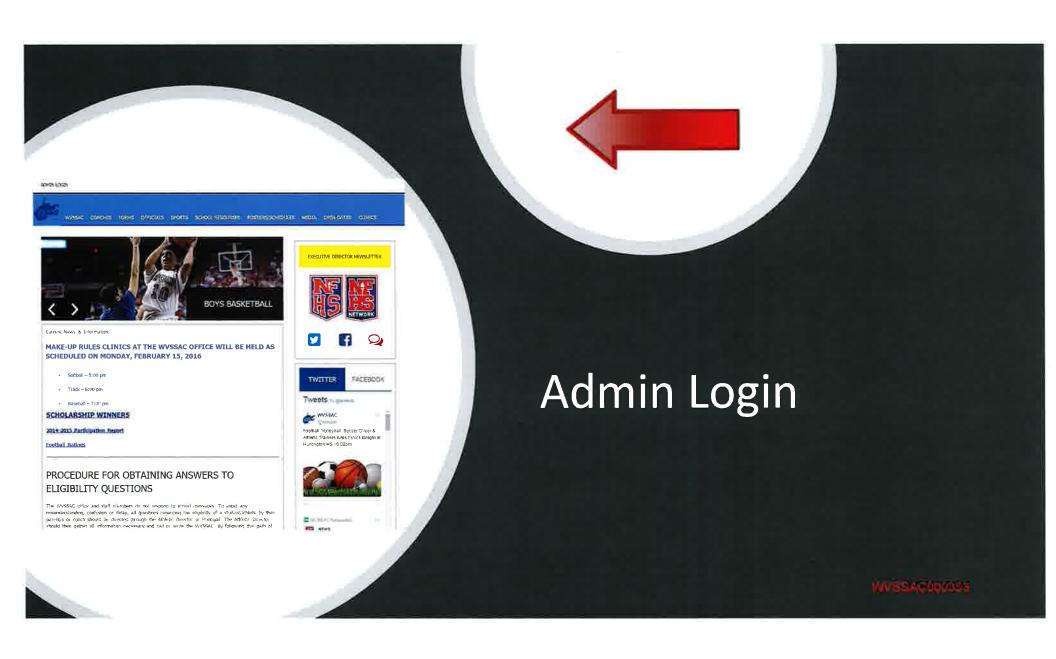




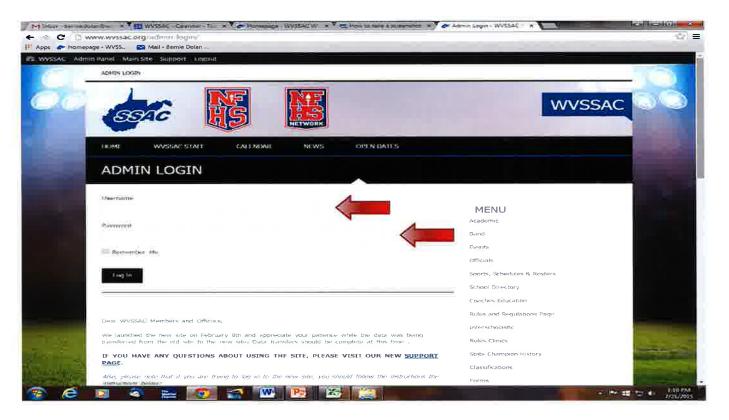




WVS545050957

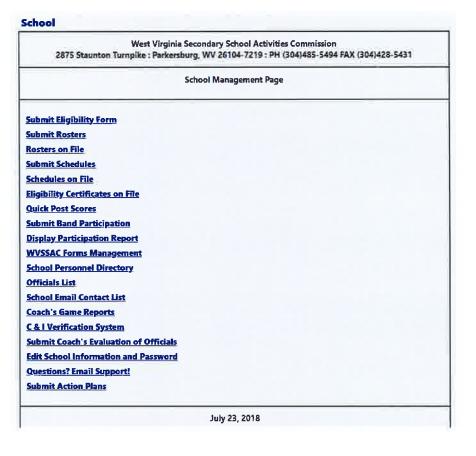


Username and Password









WEBSITE UPDATE

- Edit School Information
- Coaches Evaluations Online
- Submit Rosters
- Submit Schedules
- Correct Email Addresses!!
- Eligibility
- Submit Scores

WVSSACG00356





COACHES` EDUCATION PROGRAM

14 ½ hour course Online registration

WVS3XE340938

WHO CAN COACH IN WV?

- Individuals holding a valid WV teaching certificate
- Individual who completes 14 ½ hour course and receives letter of authorization from State Department of Education is eligible

vivskid curkse







WVS\$\\\89969382

WVSSAC

Corporate Sponsors

























